Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Inform	iation				DATE		
NAME (LAST NAME FIRS	T)				SOCIAL SE	ECURITY NO.	
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also understand and ac pecified period of time, epresentative.	gree that no repres or to make any ag	sentative of the compa greement contrary to th	ny has any authority to enter le foregoing, unless it is in wi	into any agreement for emplo iting and signed by an author	yment for any ized company
This waiver does not pe Disabilities Act (ADA) ar			ed or medical information in	a manner prohibited by the A	mericans with
equired, I understand t	hat, in compliance tain a separate w	e with federal law, the critten authorization fro	company will provide me with m me to consent to these re	rior to my employment. If suc a written notice regarding the eports. I also understand that	e use of these
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DEPARTMENT HEAD

EMPLOYMENT MANAGER

GENERAL MANAGER